

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 581400

FILING DATE

6.1.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12	1		1			
13		1				
14		2				
15		2				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1		1			
24		1				
25		2				
26		2				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
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46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			33			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						